STATE BAR OF WISCONSIN
Your Practice. Our Purpose.℠

Notice of Attorney Death

Submit completed form and supporting documentation to: service@wisbar.org

DECEASED ATTORNEY INFORMATION

Full Name of Deceased Attorney:

Wisconsin Bar Number:

Year of Law School Graduation:

Date of Birth: Date of Death:

Home Community (City, State):

REQUIRED VERIFICATION

☐ Death Certificate ☐ Published Obituary

Obituary Link (if applicable):

REPORTING PARTY INFORMATION

Name:

Relationship to Deceased Attorney:

Email Address:

Telephone Number:

CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature: Date:

STATE BAR OF WISCONSIN USE ONLY

Date Received:

☐ Documentation Verified ☐ Member Record Updated